

Rebyota (fecal microbiota, live - jsln)
Effective 07/01/2023

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit (NLX)		<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Specialty Limitations			
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Rebyota is indicated for the prevention of recurrence of *Clostridioides difficile* infection (CDI) in individuals 18 years of age and older, following antibiotic treatment for recurrent CDI. Rebyota is not indicated for the treatment of CDI

Coverage Guidelines

Authorization may be granted for members new to the plan who are currently receiving treatment with Rebyota, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for treatment when all the following criteria are met:

1. Member is 18 years of age or older
2. Member has recurrent CDI infection with ONE of the following:
 - a. At least one recurrence after a primary episode and had completed at least 1 round of standard of care oral antibiotic therapy (e.g., metronidazole, vancomycin)
 - b. Had at least 2 episodes of severe CDI resulting in hospitalization within the last year
3. Member has a positive stool test for the presence of C. difficile toxin or toxinogen C. difficile within 30 days prior to treatment
4. A single, one time 150mL dose will be administered rectally 24 to 72 hours after the last dose of antibiotics.

Limitations

1. Initial approvals will be granted for 30 days

References

1. Rebyota [package insert]. Parsippany, NJ: Ferring Pharmaceuticals Inc; November 2022.

Review History

04/12/2023 – Reviewed and Created for April P&T; Effective 7/1/23

